



Policy 806

Subject

LAW ENFORCEMENT ASSISTED DIVERSION (LEAD) PROGRAM

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By Order of the Police Commissioner

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POLICY

The purpose of this policy is to establish the criteria and procedures regarding the Baltimore Police Department's (BPD) participation in the Law Enforcement Assisted Diversion (LEAD) Program. The BPD has partnered with Behavioral Health System Baltimore (BHSB), Baltimore Crisis Response Inc. (BCRI), the Office of the State's Attorney (OSA), the Office of the Public Defender, the Division of Parole and Probation, and the Baltimore City Health Department to implement the LEAD program in the BPD's Central District to divert eligible individuals from prosecution and incarceration and, instead, connect individuals with unmet behavioral health needs who reside in Baltimore City or frequent the Central District to services through a law enforcement referral. Unless otherwise noted by the LEAD Case Manager, LEAD intakes shall occur between 10am – 6pm, Monday through Friday.

The BPD is committed to the principle of the least police-involved response consistent with public safety to behavioral health and crisis-related interactions. While the LEAD Program is currently a valuable tool for BPD members, the above-listed partners – including the BPD – are working together to better-resource the community behavioral health system so that law enforcement's role in this system is less necessary. This policy is one of several that addresses a member's interactions with individuals that have a Behavioral Health Disability, and members are guided by these policies to provide the most appropriate

response. The BPD will periodically update its policies and training to reflect resource availability, but this policy provides guidance consistent with the system as currently designed as well as with the BPD's mission, vision, and values.

CORE PRINCIPLES

Community and Officer Safety. The goal of the LEAD program is to improve public health and public safety by reducing future harm by diverting individuals engaged in minor offenses away from the criminal justice system. The availability of LEAD provides members with a helpful tool to connect individuals to a trauma informed intensive case-management program to help achieve their personal goals. The program aims to address issues of addiction, mental illness, homelessness, and extreme poverty through a public health framework.

Diversion, Harm Reduction, and Non-Displacement. Through a harm-reduction approach, the LEAD program diverts eligible individuals from prosecution and incarceration, and is more effective at reducing recidivism, including occurrences of violent crimes, than traditional criminal justice approaches^{1,2}. Participants are engaged where they are in their lives and recovery. Program goals include measures of health, employment, engagement, and overall well-being instead of abstinence. LEAD participants will not be penalized or denied services if they do not achieve or maintain abstinence. The objective of LEAD is to improve public health and public safety for the community as a whole, not just for individual LEAD participants. The LEAD program will supplement, not supplant, existing resources, and will not give LEAD participants preferential access over others to existing service resources, which the LEAD partners agree must be expanded and are working to expand.

Community Planning and Implementation. The BPD maintains a collaborative relationship with the behavioral health care system, people with lived experience, and advocacy groups in order to implement and evaluate opportunities for individuals to be diverted towards community services and away from the criminal justice system. LEAD is managed by BPD, Behavioral Health System Baltimore (BHSB), the Office of the State's Attorney (OSA), the Office of the Public Defender, the Division of Parole and Probation, and the Baltimore City Health Department, who participate in regular meetings and have access to program performance reports and staff.

Participant Confidentiality. The confidentiality of LEAD Participants and a respect for their privacy are crucial components to their success and to ethical service delivery. LEAD stakeholders and operational partners recognize that participant data security is always a priority and that participant safety and reputation depend on a commitment to confidentiality and privacy.

DEFINITIONS

Behavioral Health Disability – Primarily refers to any Mental Illness and/or Substance Use Disorder, but for purposes of this policy, may also be used to describe any disabling condition that impacts a

¹ Susan E. Collins, Heather S. Lonczak, and Seema L. Clifasefi (March 27, 2015). LEAD Evaluation: Recidivism Report. <http://leadkingcounty.org/lead-evaluation/>

² Sante Fe Law Enforcement Assisted Diversion (LEAD) Pilot Period Program Evaluation Summary Report_October 2018. <https://www.lead-santafe.org/reports/>

person's ability to self-regulate thinking, mood, or behavior, including intellectual and developmental disabilities, autism spectrum disorders, and dementia. A person may be suspected of experiencing a Behavioral Health Disability through a number of factors including:

- Self-report,
- Information provided to dispatch or members directly by witnesses or informants,
- An individual's previous interaction(s) with the BPD, or
- A member's direct observation including, but not limited to, behaviors consistent with psychiatric diagnoses, such as disorientation/confusion, unusual behavior/appearance (neglect of self-care), hearing voices/hallucinating, anxiety/excitement/agitation, depressed mood, crying, paranoia or suspicion, self-harm, and/or threatening violence towards others.

NOTE: The terms "disability" and "disorder" are often used interchangeably. In this context, the preferred term is disability.

District LEAD Coordinator – Acts as the point of contact for the Baltimore Police Department between the Diversion Coordinator, LEAD Case Managers, LEAD-trained members, and the OSA LEAD Coordinator.

Harm Reduction – Refers to practices that aim to minimize the negative health, social, and legal impacts associated with Behavioral Health disabilities, and related policies, regulations and laws. Through LEAD, individuals are diverted away from the cycle of arrest, prosecution, and incarceration and towards health and social services. Goals of Harm Reduction include offering non-judgmental and non-coercive services and resources to people with Behavioral Health disabilities and offering alternative approaches that seek to address negative impacts and prevent or end drug use.^{3, 4}

LEAD Case Manager – An employee of a designated services provider assigned to support/supervise Lead Participants and act as a liaison between the LEAD Participants, the BPD, and other LEAD partner agencies described above.

LEAD Diversion Coordinator – An employee of Behavioral Health System Baltimore responsible for managing and coordinating the Law Enforcement Assisted Diversion (LEAD) program to ensure its effective implementation by overseeing program operations, organizing and facilitating training with the Baltimore Police Department, maintaining strong communication and partnerships with stakeholders, and ensuring accurate, consistent data collection and reporting.

LEAD Participant – An individual meeting the eligibility requirements described below, who is willing to participate in the LEAD program, and has been accepted into the LEAD program after approval from all operational partners.

Mental Illness – A health condition that significantly impairs a person's thinking, mood, or behavior and may affect his or her ability to effectively address individual, interpersonal, and social challenges.

³ Harm Reduction International, www.hri.global/what-is-harm-reduction

⁴ [Harm Reduction Principles | National Harm Reduction Coalition](#)

Reasonable Articulable Suspicion (RAS) – A well-founded suspicion based on specific, objective, articulable facts, taken together with the member's training and experience, that a subject has committed, is committing, or is about to commit a crime.

Stop Referral – An encounter where a member has Reasonable Articulable Suspicion (RAS) to believe that an individual is committing or has committed a LEAD-eligible offense, the BPD member performs a lawful investigative stop, and refers the individual to the LEAD program.

Substance Use Disorder – a mental health disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications.

988 Helpline – A free and confidential hotline available 24/7 to anyone in emotional distress, including those in suicidal or other crises. The caller is routed to their nearest Crisis center to receive immediate phone counseling from trained professionals, local mental health referrals, and mobile crisis response when warranted. The hotline supports people who call for themselves or someone they care about.

GENERAL

1. Members who are approached by individuals seeking services for addiction, mental illness, homelessness, and extreme poverty can refer individuals directly to the 988 Helpline (see Policy 712, Crisis Intervention Program). Members shall guide the individual to call the 988 Helpline and as indicated, provide any needed assistance in placing the call (see Policy 1739, Reasonable Accommodations for Interactions with the Public).
2. If a member stops an individual with RAS that they are about to commit, are committing, or have committed a non-violent misdemeanor offense (or a common lesser offense as defined in Policy 1018, *Lesser Offenses & Alternatives to Arrest*) in the Central District, they may resolve the stop by referring the individual to the LEAD program. Individuals suspected of committing non-violent misdemeanor offenses for which LEAD case management could be a supportive resolution include, but are not limited to:
 - 2.1. Controlled Dangerous Substance (CDS) possession or distribution for subsistence purposes,
 - 2.2. Prostitution,
 - 2.3. Larceny, including petty larceny and larceny from auto, for subsistence purposes,
 - 2.3.1. For incidents of shoplifting, members *may* seek the victim/store owners' approval prior to referring an individual to LEAD.
 - 2.4. Misdemeanor Trespass, and
 - 2.5. Public urination.

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3. Members shall not refer individuals to LEAD via a Stop Referral when:
 - 3.1. The suspected CDS activity involves Distribution or Possession with Intent to Distribute, and there is reason to believe the individual's primary motivation for distribution is beyond addiction motivation (i.e., when a person sells their own prescriptions to buy food or additional CDS.);
 - 3.2. The individual does not wish to participate in the program;
 - 3.3. The individual appears to exploit minors or others in a drug dealing enterprise;
 - 3.4. The individual is suspected of promoting prostitution of another;
 - 3.5. It is discovered upon contacting a LEAD staff member that the individual has an existing peace or protective order prohibiting contact with a current LEAD Participant or LEAD staff member(s);
 - 3.6. The individual has an open arrest warrant;
 - 3.7. The individual is currently under supervision in any jurisdiction (e.g., parole, probation, pretrial release, etc.) for certain offenses that preclude eligibility. This will be evaluated on a case-by-case basis by the OSA, and the determination will depend on the facts and nature of the offense;
 - 3.8. At the time of the stop, the individual is intoxicated or incapacitated and unable to engage effectively in the intake process; and/or
 - 3.9. In the member's and/or service provider's judgment, the individual is unable to provide informed consent and/or poses a risk to self or others.
 - 3.9.1. In all such circumstances, members shall follow the guidance of all other relevant policies, including:
 - 3.9.1.1. For individuals who pose a risk to themselves or others (see Policy 713, Petitions for Emergency Evaluation and Voluntary Admission).
 - 3.9.1.2. For individuals who appear to have a Behavioral Health Disability or are experiencing a Crisis (see Policy 712, Crisis Intervention Program, and Policy 1739, Reasonable Accommodations for Interaction with the Public).
 - 3.9.1.3. Where the person is judged unable to provide informed consent (see Policy 1739, Reasonable Accommodations for Interaction with the Public) and other relevant policies, to determine if the individual may be accepted into LEAD or an alternative diversion program based upon their assent to receiving services.
4. BPD members and their supervisors shall be the primary decision makers for LEAD Stop Referrals based on LEAD training and member discretion.

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- 4.1. Members shall complete an incident report for the initial stop/arrest during all incidents in which a person is not referred to LEAD.
5. LEAD-trained members shall utilize the LEAD Referral and Screening Form (see Appendix A) to determine if the individual is eligible to be diverted into the LEAD program.
6. Only LEAD-trained members may offer LEAD Stop Referrals. If a member who is not LEAD-trained identifies an individual who may be eligible for a Stop Referral, they may call a LEAD-trained member to the scene to make a LEAD referral assessment.

DIRECTIVES

Stop Referral Process

7. If the stopped individual indicates a willingness to participate in the LEAD program, members shall:
 - 7.1. Contact a LEAD Service Provider directly⁵ or via the Communications Section.
 - 7.1.1. If the stop occurs outside of LEAD operational hours or outside of the Central District, members shall contact the 988 Helpline.
 - 7.2. Prepare an Incident Report detailing the facts and circumstances regarding the stop.
 - 7.3. If it is determined that the individual is not eligible for LEAD, given the facts and circumstances, the member may resolve the incident by following Policy 1018, *Lesser Offenses and Alternatives to Arrest*.
8. If it is determined that the individual is eligible for LEAD, members shall:
 - 8.1. Complete a LEAD Referral and Screening Form (Appendix A) in addition to all BPD related reporting.
 - 8.1.1. Attach a legible copy of the LEAD Referral and Screening Form to the incident report.
 - 8.2. Provide the LEAD Case Manager with a copy of all reporting including the LEAD Referral and Screening Form.
 - 8.3. Stand by until the LEAD Case Manager has completed the intake and assessment process with the individual.

⁵ Members are provided with a direct number during LEAD training that connects them with the contracted agency providing LEAD services.

- 8.4. Submit any CDS or related evidence to the Evidence Management Unit (see Policy 1401, *Control of Property and Evidence*). Submission shall occur regardless of whether the person is arrested and charged or enrolled in the LEAD program.
- 8.5. Obtain a charging document for the individual only when advised to do so by the OSA.

LEAD Notification

9. If the member confirms they are engaging with a LEAD Participant, the member shall notify LEAD staff if the participant is arrested or is in a crisis (i.e. emotional, behavioral, or medical emergency). A short message with the name of the LEAD Participant and a description of the crisis or arrest is all that is necessary.

District LEAD Coordinator

10. The District LEAD Coordinator shall:
- 10.1. Collaborate with the LEAD Diversion Coordinator to:
- 10.1.1. Develop and maintain a LEAD training curriculum for their assigned district,
- 10.1.2. Ensure that the content of LEAD training remains relevant to the needs of the BPD, and
- 10.1.3. Conduct periodic roll call announcements.
- 10.2. Review monthly arrest data to identify opportunities where LEAD should have been utilized.
- 10.3. Monitor LEAD referrals
- 10.4. Represent BPD in all LEAD-related meetings, to include but not limited to the Operational Work Group meeting (OWG), the LEAD Coordinating Group meeting and the Baltimore City Behavioral Health Collaborative, as available.
- 10.5. Work collaboratively with the Diversion Coordinator at BHSB to further the mission and expansion of LEAD.

APPENDIX

- A. Form 501, LEAD Referral and Screening Form

REFERENCED POLICIES

- Policy 712, *Crisis Intervention Program*
Policy 713, *Petitions for Emergency Evaluation & Voluntary Admission*
Policy 1018, *Lesser Offenses & Alternatives to Arrest*

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Policy 1401, *Control of Property and Evidence*

Policy 1739, *Reasonable Accommodations for Interactions with the Public*

RESCISSION

Rescind Policy 806, Law Enforcement Diversion (LEAD) Program, dated 8 February 2017.


COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.

APPENDIX A

Form 501, LEAD Referral and Screening Form, Page 1

Form 501
March 2022 Version



Law Enforcement Referral and Screening Form
Law Enforcement Assisted Diversion (LEAD) Program
 Complete for all individuals screened for LEAD Stop Referral

Instructions

If the **LEAD-trained BPD member** ("member") and **LEAD Coordinator for the OSA** determine that an individual is eligible for LEAD, and the individual expresses willingness to participate in LEAD, the member will complete this form and all BPD related reporting at the handoff location. Reporting will include an Incident Report detailing the facts and circumstances regarding the stop. Provide the **LEAD Case Manager** with this form and relevant reporting.

The member will remain on standby until the LEAD Case Manager has completed the intake and assessment process with the individual.

***Note:** If it is determined that the individual is not eligible or does not wish to participate in LEAD, refer to Policy 806 for next steps.*

Be sure to submit any CDS or related evidence to the Evidence Control Section.

Referring Officer & Sequence #: _____ Supervisor & Sequence#: _____

Date: _____ Time: _____ CC#: _____ CAD#: _____

Location: _____ Post#: _____

Consumer Information:

Name: _____ Phone: (If none, write N/A) _____

DOB: _____ Height: _____ Weight: _____ Eye Color: _____

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Other Sex: ☐ Male ☐ Female ☐ Non-Binary ☐ Other

☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian

Ethnicity: ☐ Native Hawaiian or Other Pacific Islander ☐ Other

Address: _____ Zip Code: _____ Homeless?: ☐ Yes ☐ No

Consumer Suspected of Committing Non-Violent Misdemeanor Offense(s), Check all that apply:

☐ Controlled Dangerous Substance (CDS) possession or distribution for subsistence purposes

☐ Prostitution

☐ Larceny, including petty larceny and larceny from auto, for subsistence purposes
NOTE: For incidents of shoplifting, you must seek the victim/store owners' approval prior to referring an individual to LEAD.

☐ Misdemeanor Trespass

☐ Public Urination

☐ Other non-violent misdemeanor offense(s) for which LEAD case management could be a supportive resolution (include offense here): _____

Referral Recommendation:

Meets criteria for LEAD Referral, determined by BPD member and OSA: ☐ Yes ☐ No Meets criteria but LEAD at Capacity and not accepting referrals: ☐ Yes ☐ No ☐ N/A

APPENDIX A

Form 501, LEAD Referral and Screening Form, Page 2

Form 501
March 2022 Version**Law Enforcement Referral and Screening Form**
Law Enforcement Assisted Diversion (LEAD) Program
Complete for all individuals screened for LEAD Stop Referral

If does not meet the criteria, select the reason(s) below (Check all that apply.)

- ☐ Does not wish to participate in the program
- ☐ Prior unsuccessful LEAD referral
- ☐ Suspected CDS activity involves dealing for profit and/or exploitation of others
- ☐ Suspected of promoting prostitution of another
- ☐ Existing peace or protective order with current LEAD participant or staff
- ☐ Open Arrest Warrant
- ☐ Currently under supervision in any jurisdiction for certain offenses that preclude eligibility, as determined by LEAD Coordinator in the OSA
- ☐ Unable to give informed consent due to medical condition/intoxication at time of stop
- ☐ Poses a risk to self or others at time of stop
- ☐ Unable to provide confirmed consent for other reason not listed above
- ☐ Unable to participate in LEAD intake process for other reason not listed above
- ☐ Other: _____

If Consumer is referred to LEAD:

Hand off location: _____ Hand off time: _____
Time spent at hand off location: _____ Approving Supervisor/Sequence#: _____
Case Manager: _____

Release of Information

Client Name: _____ DOB: _____

I give permission for the Baltimore Police Department to share information relating to my diversion and previous police contacts with Behavioral Health System Baltimore and Baltimore Crisis Response, Inc. in order to provide case management services and secure resources on my behalf. I understand that information will only be shared when necessary to meet the requirements of my established service plan.

Signature of LEAD Program Participant_____
Date/Time